

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

PLACE OF BIRTH:

County Pinal State ARIZONA

Wardship or Village

City No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child MORRELL (If child is not yet named, make supplemental report, as directed)

Sex M If plural births { 4. Twin, triplet, or other 6. Premature 7. Legitimate? 8. Date of birth Feb. 22, 1888, 193
5. Number, in order of birth Full term

FATHER Full name Frank Morrell MOTHER Full maiden name

Residence (usual place of abode) (If nonresident, give place and State) 19. Residence (usual place of abode) (If nonresident, give place and State)

Color or race 12. Age at last birthday (years) 20. Color or race 21. Age at last birthday (years)

Birthplace (city or place and State or country): 22. Birthplace (city or place and State or country):

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

If stillborn, period of gestation { months or weeks } 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at m. on the date above stated.

(Born alive or stillborn) (Signed) T. H. Kinnaird, M. D.

When there was no attending physician or midwife, then the father, householder, or should make this return. Midwife

Time added from supplemental report (Date of) Address

Registrar. Filed Nov. 17, 1888 Bo. J. Whiteside Recorder Registrar.